
ANNUAL REPORT OF THE
DIRECTOR OF CHILD AND FAMILY SERVICES
2013-2014

INCLUDING THE YEARS 2004-2005 TO 2013-2014

LETTER OF TRANSMITTAL

September 30, 2014

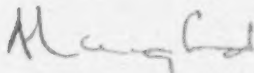
The Honourable Glen Abernethy
Minister of Health and Social Services
Government of the Northwest Territories

Dear Mr. Minister,

It is my privilege to submit to you the 2013 – 2014 Annual Report of the Director of Child and Family Services, which includes information covering the period from April 1st 2004 to March 31st 2014. This annual report highlights the changes, many of which are positive, that have occurred in the ten-year period ending in March 2014. The report also sets the stage for further changes in the way in which child and family services will be delivered in the future, especially with respect to focusing more on family supports and other preventive measures.

I look forward to continuing to serve the children, youth and families of the Northwest Territories under your leadership and direction.

Sincerely,



Andrew Langford
Director, Child and Family Services

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DATA SOURCES AND INTERPRETATION

Unless otherwise indicated, the data in this report came from the Department of Health and Social Services' Children and Family Information System (CFIS). While every effort was made to ensure that the information provided is accurate and up to date, CFIS is a dynamic database which is continuously updated. The numbers may be adjusted in future, particularly for the most recent years reported.

Information in the report is presented at some points as the actual number of children coming in contact with child and family services, and at other times is presented as a rate per 1,000 statuses. A "status" reflects the type of contact the child experienced with child and family services, for instance, an apprehension, an interim custody order or a supervision order. It is important to note that one child may hold multiple statuses over the period of one year. Reporting rates per 1,000 statuses allows for an analysis of the changes in child and family services practices over time, while reporting the number of children allows for an analysis of the population of children served by the child and family services program.

The data presented on the rates of children with child and family services statuses includes children aged from 0 to 18 years, inclusive, as children are eligible to receive some services, such as a support services agreement or an extension of a permanent custody order, until the child's 19th birthday. Reports and investigation of suspected maltreatment, however, are presented only on children aged 0 to 15 years, inclusive, since the *Child and Family Services Act* addresses new reports of suspected maltreatment and new investigations only for children within this age group.

Trend lines have been included in Figures when a trend is statistically significant. If no trend line is shown on a Figure, it can be assumed that there is no significant change in the data over time.

NOTE ON THE AUDITOR GENERAL'S EXHIBITS

In 2014 the Auditor General of Canada completed an audit of the Child and Family Services Program. The Auditor General's report was tabled in the Legislative Assembly, and subsequently reviewed by the Standing Committee on Government Operations. Following that review, the Standing Committee presented a motion to the Legislative Assembly to the effect that the annual report of the Director of Child and Family Services should contain updates for each regional health and social services authority on a number of indicators contained within exhibits in the Auditor General's report. At the time that the present report was being prepared, the Department of Health and Social Services (Department) was in the process of establishing quarterly reporting by the regional health and social services authorities. These quarterly reports are required in order to be able to respond to the Standing Committee's motion.

1. EXECUTIVE SUMMARY

The *Child and Family Services Act* requires that the Director of Child and Family Services provide an annual report to the Minister of Health and Social Services. This is the 2013 – 2014 annual report on the delivery of services under the *Child and Family Services Act*, and it covers the period from April 1st 2004 to March 31st 2014. The Table below highlights the trends observed in this ten-year retrospective examination of services delivered under the Act.

Table 1
Major Trends

Indicator	10-Year Trend (2004 – 2014)		
	Increasing	No Change	Decreasing
Number of Children Receiving Services (0-15 years)		√	
Number of Children Receiving Services (16-18 years)		√	
Proportion of Children Receiving Services at Home		√	
Proportion of Children Removed from Home and Community			√
Proportion of First Nations Children Receiving Services	√		
Rate of Voluntary Support Agreements	√		
Rate of Support Service Agreements		√	
Rate of Reports of Suspected Maltreatment	√		
Rate of Investigations of Suspected Maltreatment	√		
Rate of Apprehensions Less Than 72 Hours		√	
Rate of Apprehensions Greater Than 72 Hours	√		
Rate of Plan of Care Agreements	√		
Rate of Supervision Orders		√	
Rate of Interim Custody Orders			√
Rate of Temporary Custody Orders			√
Rate of Permanent Custody Orders			√
Rate of Children in Southern Placements			√

As can be seen in Table 1, the past ten years have seen an increase in many of the child and family services statuses that are offered *by agreement* with parents or youth, and a decline in the number of *court-ordered* statuses. With over 1,000 children and their families receiving services under the Act each year, these trends are positive. It was particularly positive to see that services by agreement came to predominate over court-ordered services as of 2008-2009 (see Figure 2 on page 6).

The report begins with an overview of the number of children receiving services, then proceeds with an examination of services delivered under the Act, starting with investigations into reports of suspected

child maltreatment. Within the *Act* there are 19 conditions under which a child may be considered in need of protection.¹ For the most part these conditions can be grouped into three major categories – abuse (physical, emotional, sexual), neglect, and exposure to domestic violence. The report examines the relative proportions of each category of maltreatment.

Court-ordered services and services by agreement are examined in the report. Court-ordered services include apprehension orders, supervision orders, and interim, temporary, and permanent custody orders. Services by agreement include voluntary services agreements, support services agreements, and plan of care agreements. A special section is devoted to children with permanent custody orders.

The report presents some of the major initiatives that impacted on services delivered under the *Act* between 2013 and 2014, and ends with a summary of findings and an overview on future directions.

¹ See Appendix 1 for the list of conditions.

2. INTRODUCTION

This annual report for 2013 – 2014 provides an overview of services delivered under the Northwest Territories *Child and Family Services Act* (the *Act*) over the ten year period from April 2004 to March 2014. The *Act* is founded on the belief that the family is the basic unit of society and that its wellbeing should be promoted and protected. Beyond that, the *Act* also recognizes that children have individual rights and are entitled to be protected from any form of maltreatment, including abuse, neglect, and exposure to domestic violence. The *Act* proclaims that the best interest of the child is the paramount consideration when child protection concerns need to be resolved. The *Act* is proactive, enabling children, youth and their families to access support services to prevent potential abuse or neglect.

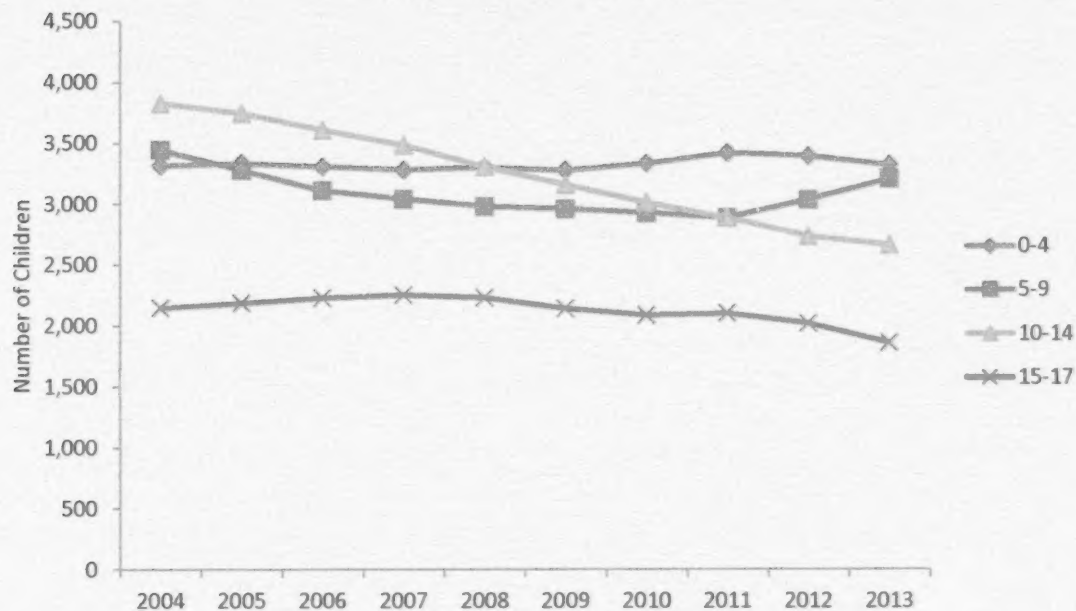
Child and family services in the Northwest Territories (NWT) are administered by seven regional health and social services authorities and delivered by Child Protection Workers. Child Protection Workers are specially-trained social workers who are appointed by the Director of Child and Family Services (Director) to provide the services mandated by the *Act*. The Director is appointed by the Minister of Health and Social Services, and the Director's duties and powers are prescribed by the *Act*. As of March 31, 2014 there were 78 social workers appointed as Child Protection Workers.

Child Protection Workers have a challenging task in assessing the risks to children's safety and well-being. They are compelled by the *Act* to make decisions based on what is in the best interest of the child in collaboration with the parents, extended family, and community and within the context of multi-cultural considerations and other socio-economic factors. Often times these factors are in conflict and a significant amount of skill and teamwork is required to support children and families in preventing and addressing child protection issues. Child Protection Workers strive to work collaboratively with parents and caregivers, and the *Act* supports them in this by enabling plan of care agreements as the preferred way of resolving child protection issues. However, when an agreement cannot be reached and a child continues to be at risk, then the court is called upon to determine the best course of action for protecting children.

CHILD POPULATION

According to the NWT Bureau of Statistics, the child population (0 – 18 years of age) in the NWT declined from 13,401 children in 2004-2005 to 11,734 children in 2013-2014, a 12.4% decrease. However, as can be seen in Figure 1, the changes have not been consistent across all age groups.

Figure 1
NWT Child Population by Age Group



The change in the child population was most noticeable for the 10 to 14 year age group, which decreased by 30%.

3. SERVICES FOR CHILDREN AND THEIR FAMILIES

The Act promotes prevention and early intervention to strengthen families and prevent and address child protection concerns. In order for services to be provided to a child and/or family under the Act an agreement must be signed between the child's legal guardian and the Child Protection Worker, or a court must issue an order.

SERVICES BY AGREEMENT

There are three types of prevention and early intervention services: voluntary support agreements (VSA's) with parents who need support and assistance; support services agreements (SSA's) with youth between the ages of 16 and 18 who need support and assistance; and plan of care agreements (POCA's) with the parents of children at risk of or who are addressing issues of abuse or neglect. These services, offered by agreement with the parents (in the case of VSA's or POCA's) or with the youth (SSA's), enable children, youth and their families to receive support without parents relinquishing their legal rights and responsibilities. Services by agreement provide supports to children, youth and families in order to prevent the development of protection concerns. The Act also identifies that it is important to support youth who are not able to be legally in need of protection due to their age (over 16 years), but who still require services. SSA's provide assistance to youth who cannot live with their parents and are making efforts to care for themselves.

Under the Act, services to support and assist families may include (but are not limited to) counselling, respite care, access to support for addictions issues, assistance during a family illness or supporting a child with a disability. These services may take place while a child is in the parental home, an extended family member's home, a provisional foster home (where the caregiver is known to the child or family), a regular foster home, a group home or a treatment centre.

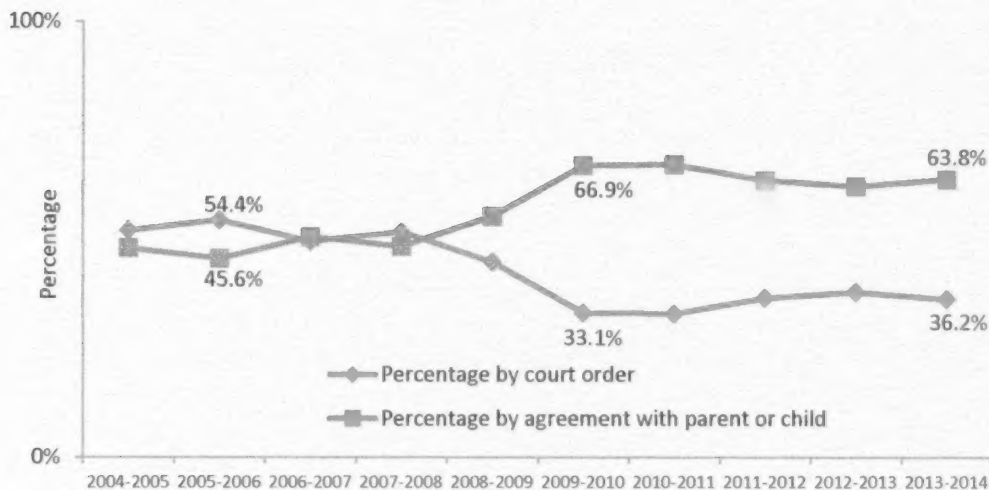
COURT-ORDERED SERVICES

There are times when child protection concerns require the child be removed from their parents' care in order to ensure the child's safety. When the child cannot be safely returned to their parents' care, an order for custody will be sought by the Director of Child and Family Services, as per the Act. Court-

ordered actions include reviewing and confirming the decision to apprehend a child through apprehension orders, and issuing child protection orders (supervision orders, interim custody orders, temporary custody orders and permanent custody orders). When children are removed from their parental homes every effort is made to ensure that they are cared for by close relatives or family friends and that they remain in their home communities.

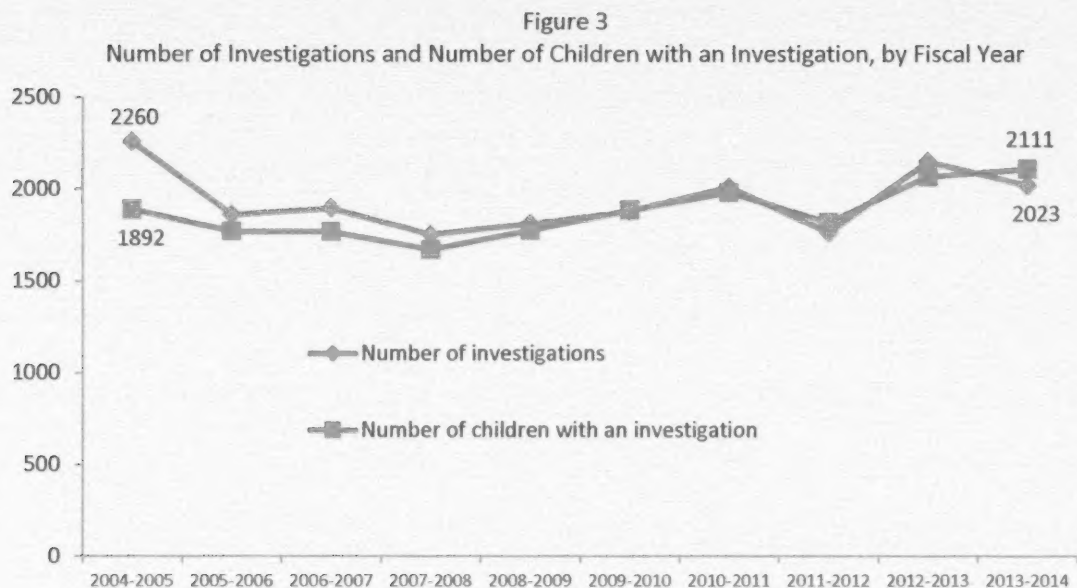
As can be seen in Figure 2, before April 1st 2008 there were more children with a court-ordered status than children with a status by agreement. This changed in 2008-2009 and over the 2009-2014 period statuses by agreement and court-ordered statuses remained stable. By the end of the reporting period 63.8% of services provided under the Act were by agreement and 36.2% were by court-order.

Figure 2
Percentage of Statuses by Court-Order and by Agreement



NUMBER OF CHILDREN RECEIVING SERVICES

Between April 1st 2004 and March 31st 2014, an average of 1,951 child protection investigations were conducted each fiscal year, involving an average of 1,875 individual children per year. In the 2013-2014 fiscal year, 2,023 investigations were conducted, involving 2,111 children. Figure 3 (next page) shows the number of investigations and the number of children with an investigation over the past ten fiscal years.

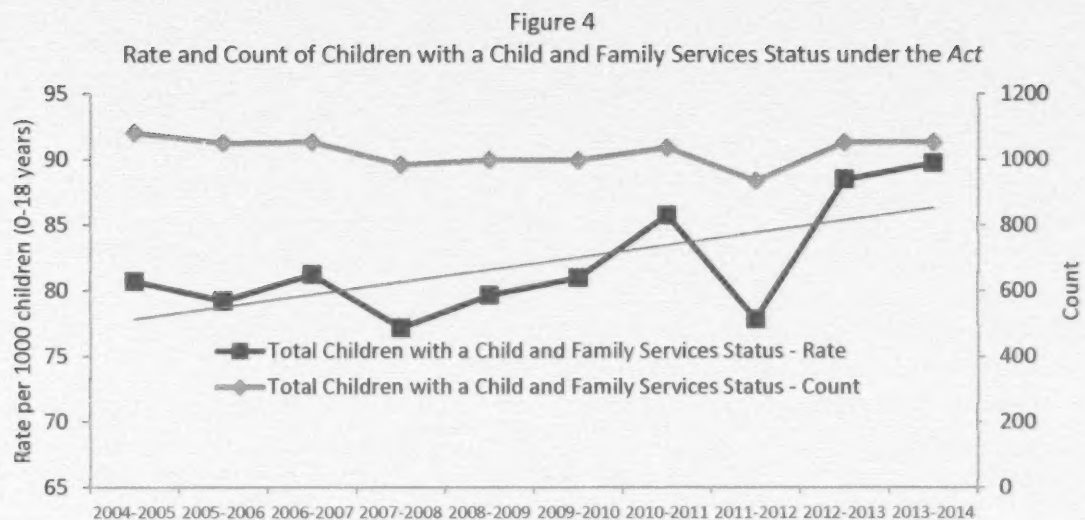


When an investigation is conducted and a child is found to be in need of protection, or a child is not in need of protection but the family, or a youth, is in need of supports, the child is given a child and family services status (see Table 2). A child and family services status can be by court-order, or it can be by agreement with the parents, or for youth aged 16-18, by agreement with the youth.

Table 2
Child and Family Services Status

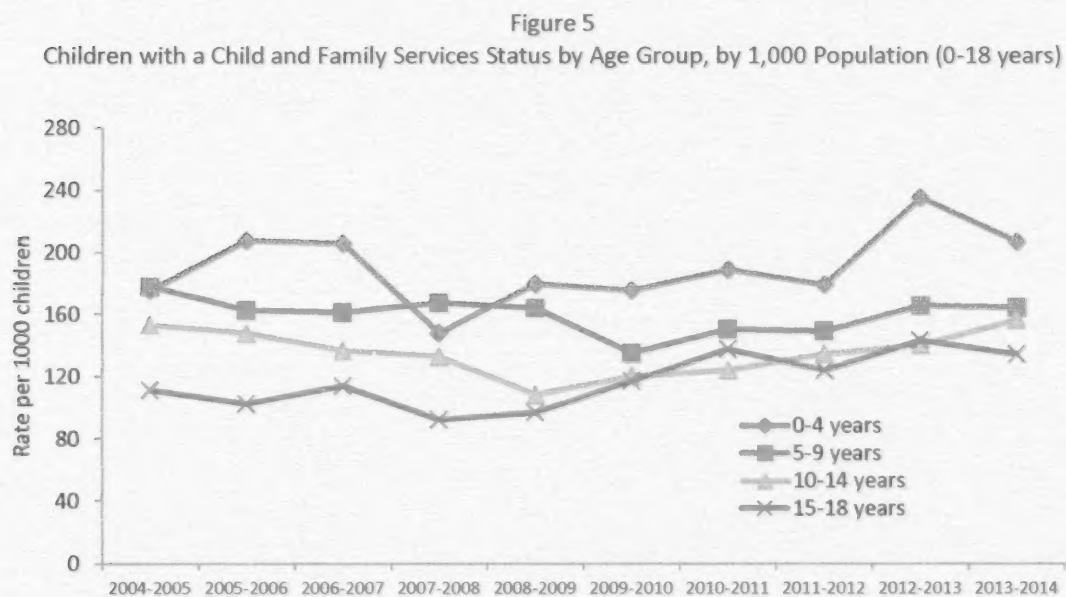
By Order of the Court <ul style="list-style-type: none"> • Apprehension • Supervision Order • Interim Custody Order • Temporary Custody Order • Permanent Custody Order 	By Agreement with Parent(s) <ul style="list-style-type: none"> • Voluntary Support Agreement (when no child protection concerns exist) • Plan of Care Agreement (when child protection concerns exist)
	By Agreement with Youth (Age 16-18 years) <ul style="list-style-type: none"> • Support Services Agreement

In 2013-2014, 1,053 children had a child and family services status under the Act, representing 8.9% of the entire child population. Figure 4 (next page) shows the total number of children with a child and family services status during each fiscal year, along with the rate of children with a child and family services status per 1,000 children.



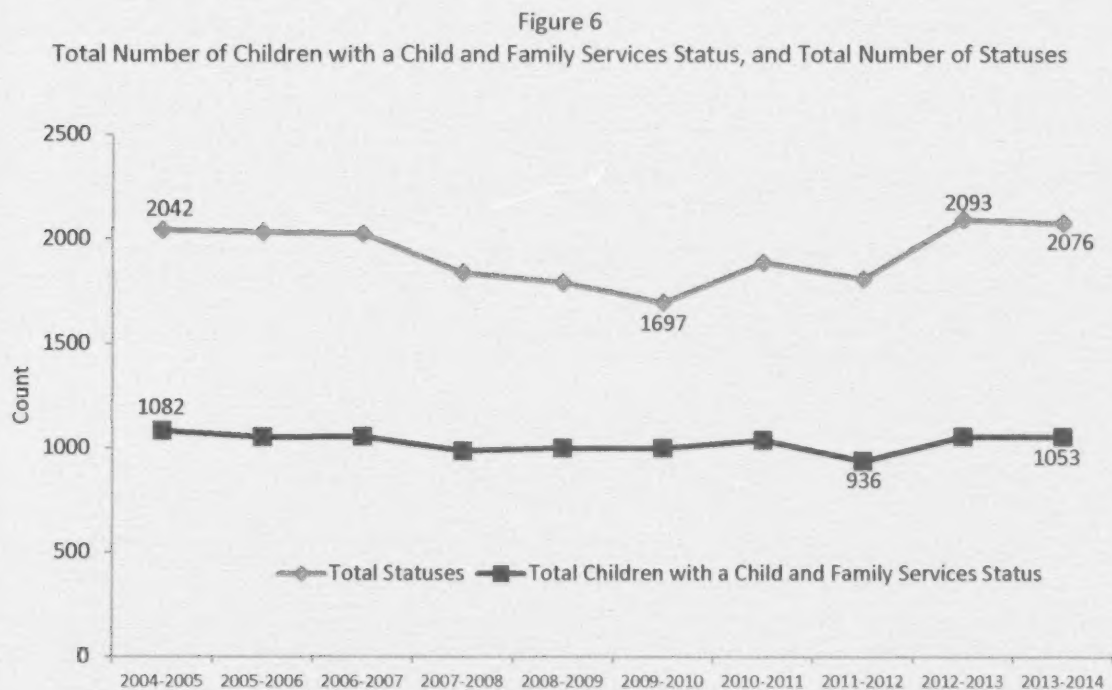
As can be seen in Figure 4, while the number of children with a child and family services status has remained relatively stable, the overall rate of children with a child and family services status increased. The increase in *rate* is due to the decline in the *size* of the child population.

Figure 5 shows the rate of children with a child and family services status as a proportion of the total child population (rate per 1,000 children).



As can be seen in Figure 5, in the time period between April 1st 2004 and March 31st 2014, the rate of children with a child and family services status increased in the population aged 0-4 years and aged 15-18 years, and decreased in the population aged 5-9 years, remaining stable in the population aged 10-14 years.

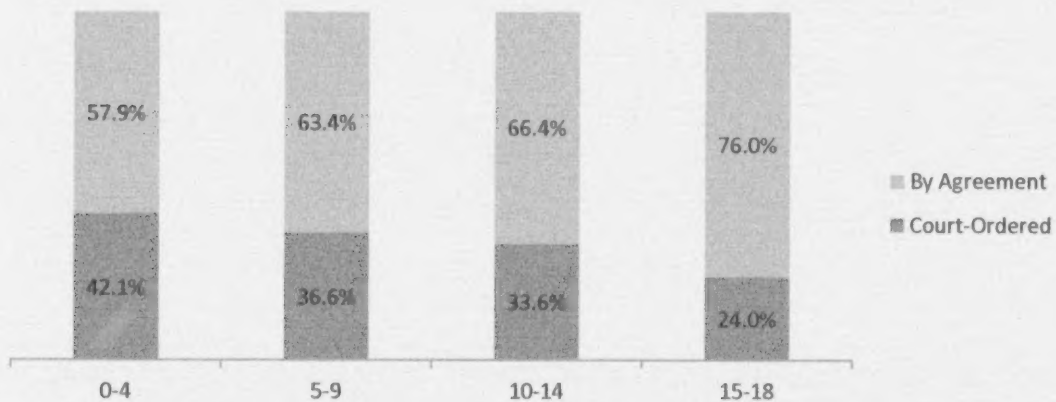
Figure 6 shows the number of children with a child and family services status per year and the total number of individual statuses (e.g., individual apprehensions, voluntary service agreements, court orders) for all children in the reporting period. Children can have multiple statuses in one fiscal year. This could include two different statuses (for instance, apprehension, followed by a court order) or two instances of the same status (e.g., an initial voluntary service agreement and a renewal of a voluntary service agreement for a second term).



As can be seen in Figure 6, there was statistically no change in the number of child and family services statuses per year, or in the number of children with a child and family services status each year. Figure 7 (next page) presents the age distribution of children with a status for the 2013-2014 fiscal year.

Figure 7

Type of Status (Court-Ordered or By Agreement) by Age Group, 2013-2014

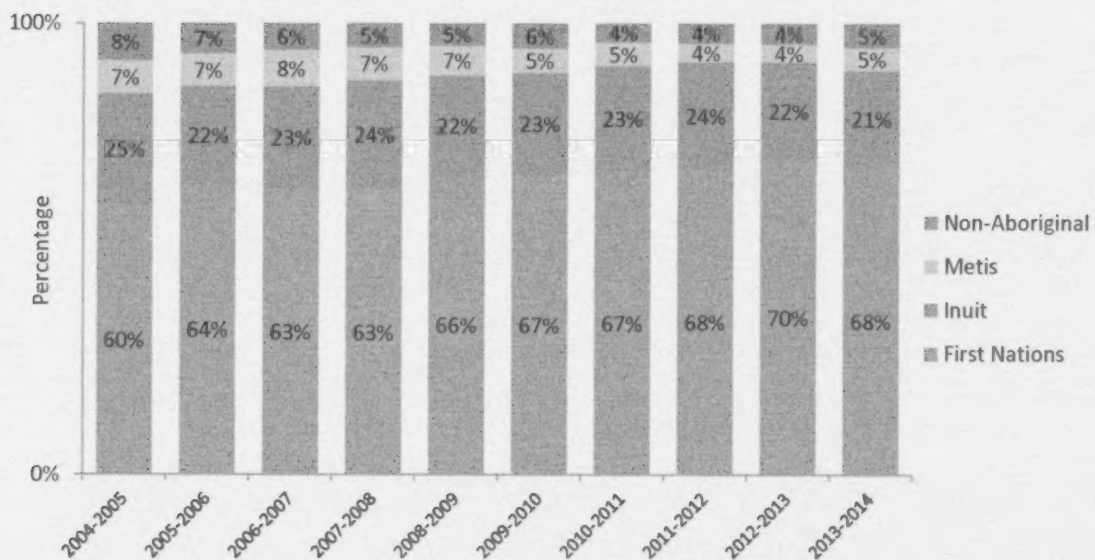


As can be seen in Figure 7, the ratio of court-ordered statuses to statuses by agreement with the parents of the youth increases by age group. Approximately 65% of the statuses of 5-14 year olds were by agreement with the child's or children's parents, while 76% of the statuses of 15-18 year old youth were by agreement.

Figure 8 presents the percentage of children with a child and family services status by ethnicity.

Figure 8

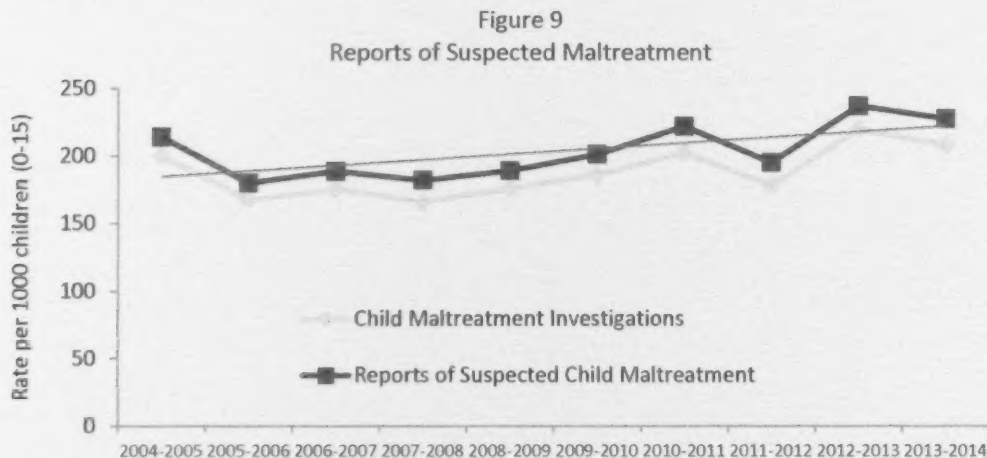
Proportion of Children with a Child and Family Services Status by Ethnicity



As can be seen in Figure 8, the majority of children who had any child and family services status during the past ten fiscal years were First Nations children. The over-representation of First Nations children receiving services under the *Act* is not unique to the Northwest Territories; similar findings have been noted across Canada. In 2011 the Assembly of First Nations undertook a major study to investigate this over-representation. This over-representation is known to be correlated with the impacts of residential school experiences, poverty and addiction.

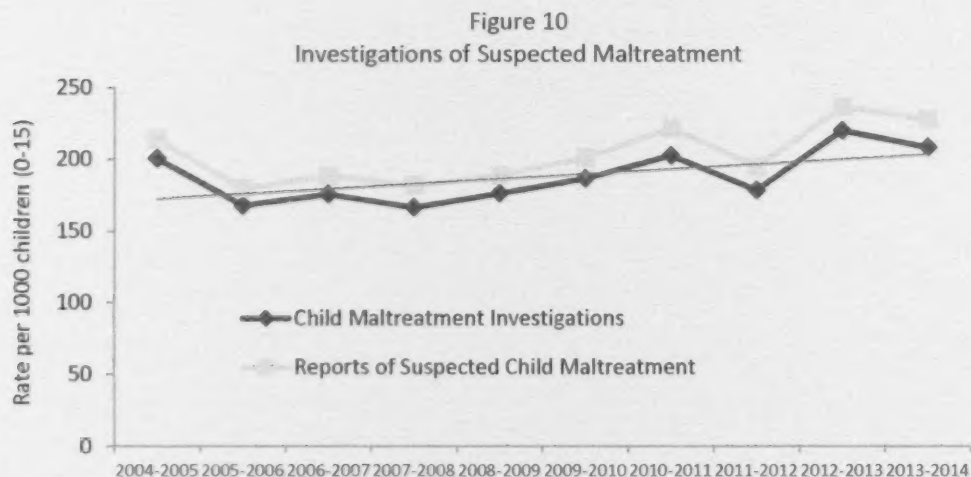
4. REPORTS AND INVESTIGATIONS OF SUSPECTED MALTREATMENT

The Act requires that every person who suspects that a child may be abused or neglected must report their concern to a Child Protection Worker. Figure 9 shows the rate at which reports were received per 1,000 children aged 0 to 15 years in the population.



In 2013-2014, there were 2,216 reports of suspected child maltreatment. As can be seen in Figure 9, the rate of reports of suspected maltreatment has shown a slightly increasing trend over the past ten years, at 228 reports per 1,000 children aged 0 to 15 in 2013-2014.

Figure 10 shows the rate of investigations of suspected maltreatment conducted per 1,000 children aged 0 to 15 in the population.



In 2013-2014, there were 2,024 investigations into child maltreatment conducted. As shown in Figure 10, the rate of child maltreatment investigations has also shown a slightly increasing trend over a ten-year period, with 208 investigations per 1000 children, aged 0 to 15 conducted in 2013-2014.

Between April 1st 2004 and March 31st 2014, there were an average of 2,179 reports of suspected maltreatment per fiscal year, and an average of 1,879 investigations per fiscal year. According to the Act, all reports of suspected child abuse or neglect which are brought to the attention of Child Protection Workers must be investigated; however, sometimes multiple reports of suspected maltreatment might result in one single investigation, or a report of child maltreatment may not contain enough information for a Child Protection Worker to be able to conduct a full investigation. During an investigation a Child Protection Worker will visit the family to determine if a child or children are at risk of harm. Appropriate action is taken based on, among other things, interviews with the child and with those responsible for looking after the child, other caregivers such as teachers and nurses, and observations of the child's living situation.

REASONS FOR CHILD PROTECTION INVESTIGATIONS

For every child protection concern received ("report"), a referral reason must be recorded. Reports have historically fallen under four main categories: abuse; neglect; child's behaviour; and parent's behaviour. Each category is further divided into more specific reasons for referral. Abuse includes physical and emotional harm, and sexual molestation. Neglect involves failing to provide the necessities of life; this includes the category of "financial assistance", when parents or caregivers initiate contact with Child Protection Workers to request financial assistance in providing for the child's needs. Reports involving the child's behaviour include self-harm and substance misuse. Reports regarding parental behaviours include inappropriate discipline, domestic violence and substance misuse.

The most common reason that a referral was made to child and family services was concerns about a parent's alcohol or drug use (Table 3, next page). This strongly supports the scientific and anecdotal evidence that parental alcohol and drug problems are responsible for much of the child maltreatment intervention by Child Protection Workers. Another interesting finding is that over 10% of all referrals received were by parents self-referring in order to seek financial assistance in caring for their children. It is uncertain why the financial assistance was needed, but one possibility could be that the family is ineligible for social assistance.

Table 3
Top Referral Reasons: Fiscal Years 2004/2005 - 2013/2014

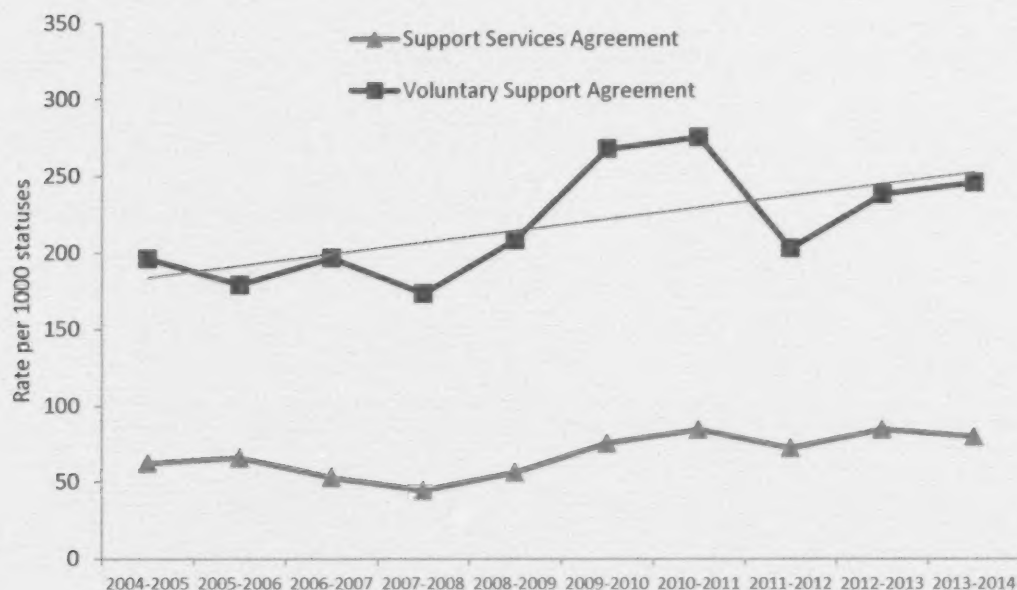
Referral Reason		Number of Referral Reasons	Percentage
Parent's Behaviour		929	46.2%
	<i>Parent's Alcohol, Drug or Solvent Problem</i>	598	29.7%
	<i>Adult/Family Violence</i>	135	6.7%
	<i>Other Parental Behaviour(s)</i>	192	9.5%
Neglect		363	18.1%
	<i>Financial Assistance</i>	211	10.5%
Child's Behaviour		347	17.3%
Abuse		159	7.9%
	<i>Alleged Physical Abuse</i>	109	5.4%
	<i>Alleged Sexual Abuse</i>	50	2.5%
Other		213	10.6%
Total		2011	

5. VOLUNTARY SUPPORT SERVICES AND AGREEMENTS

There are two types of voluntary services and agreements: voluntary support agreements (VSA's) and support services agreements (SSA's). Parents of children 0-15 years who are not in need of protection, but still require preventative and supplemental support, can have their needs met through VSA's. On average, 395 VSA's were signed each year. SSA's may be used for youth between the age of 16 and 18 years old who are unable to or can no longer live with their custodial parents. The SSA's can support the youth to access necessary services, such as financial assistance for food, clothing and housing support. On average 123 SSA's were signed each year.

Figure 11 presents the overall rates for SSA's and VSA's during the reporting period.

Figure 11
Voluntary Support Services and Agreements

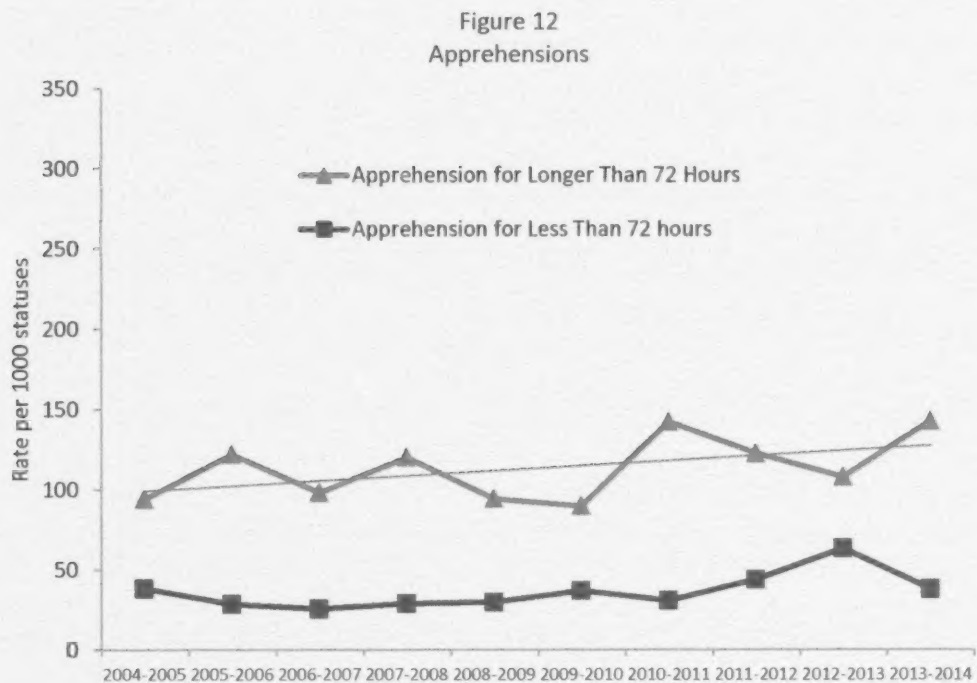


As can be seen in Figure 11, the rate of VSA's trended upward over the period from 2004-2005 to 2013-2014. The rate of SSA's did not change significantly.

6. APPREHENSIONS

An investigation into a report of suspected child maltreatment results in one of three outcomes: the report can be found to be unfounded; the investigation can be inconclusive; or the report can be founded and the child is found to be in need of protection. For administrative purposes, inconclusive investigations are grouped with unfounded reports, while only investigations that result in the conclusion that maltreatment is taking place, or may take place, are recorded as founded reports. When a need for protection exists the investigating Child Protection Worker is authorized under the Act to take action to protect the child, including an apprehension of the child if necessary. An apprehension involves removing the child from the parents or caregivers and placing the child in the care and custody of the Director of Child and Family Services. If the child is not returned to the parents or caregivers within 72 hours, the matter will be heard by a court within 14 days of the apprehension. The court reviews whether the child was in need of protection at the time of the apprehension and at the time of the hearing, and makes a determination to either return the child to the care of the parents, or confirm the apprehension and keep the child in the care of the Director for a specified period of time but not exceed 45 days.

Figure 12 presents the annual rates for apprehensions, both less than and longer than 72 hours.

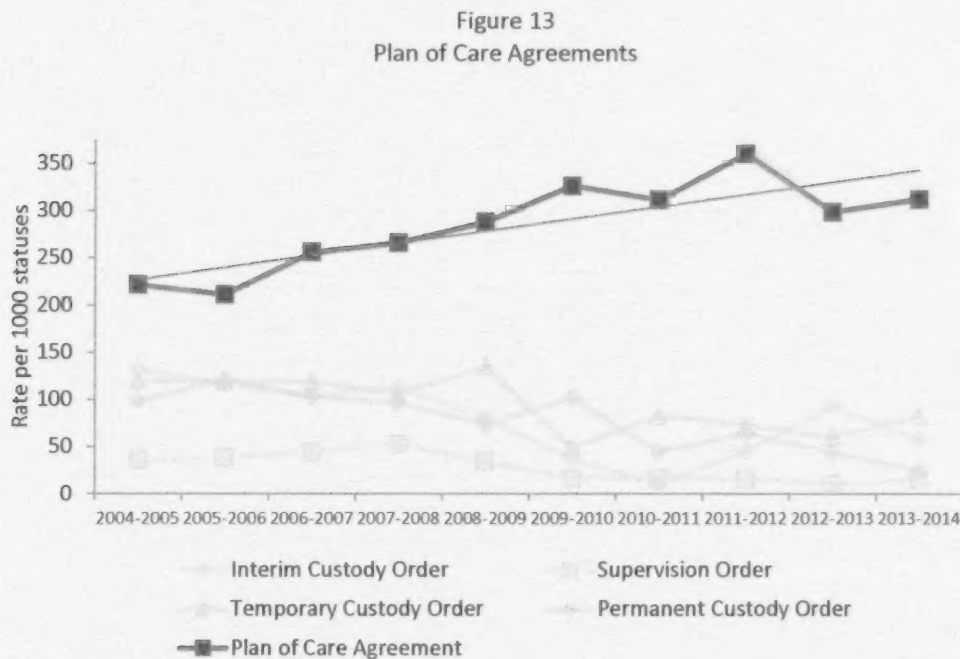


As shown in Figure 12, the rate of apprehensions less than 72 hours showed no significant change over the 2004-2005 to 2013-2014 time period; however, the rate of apprehensions longer than 72 hours showed a slight upward trend. On average there were 66 apprehensions of less than 72 hours, and 206 apprehensions longer than 72 hours, each year.

Apprehensions may be resolved if the parents voluntarily enter into a plan of care agreement with the Child Protection Worker. Addressing child protection concerns through a plan of care agreement may prevent the need for apprehension in some circumstances. Plan of care agreements lay out the family needs, strengths and actions which the parents and the health and social services authority jointly agree to in order to resolve the child protection concerns.

7. PLAN OF CARE AGREEMENTS

Figure 13 presents the rate of plan of care agreements.



As can be seen in Figure 13, the rate of plan of care agreements showed an increasing trend between 2004-2005 and 2013-2014. On average, 513 plan of care agreements were signed each year.

As the reader will note in the following pages, the increasing trend in plan of care agreements was accompanied by a decreasing trend in supervision orders, (Figure 14) interim custody orders, (Figure 15) and temporary custody orders (Figure 16).

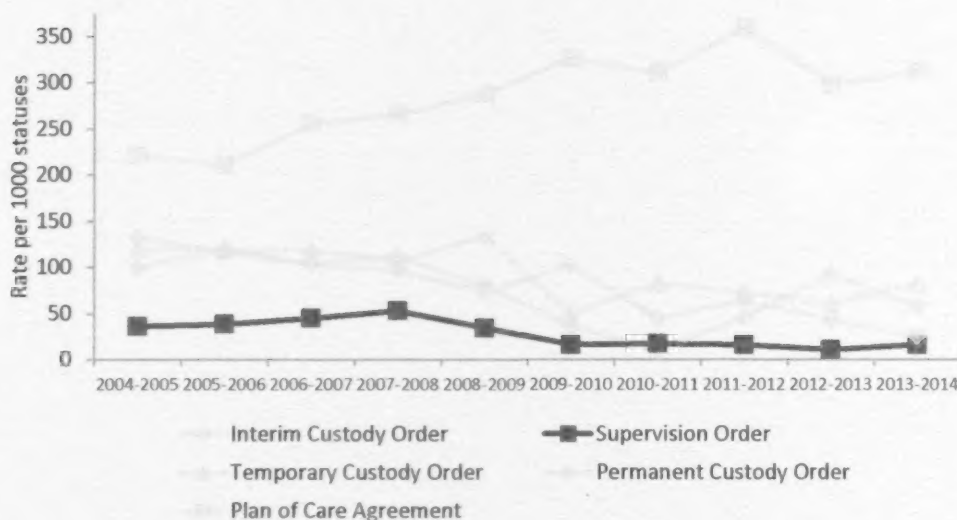
8. COURT ORDERS

When there are current child protection concerns and the parents and the Child Protection Worker cannot agree on a plan of care agreement, the matter is referred to Territorial Court. In court the Child Protection Worker presents his or her concerns with respect to the need for a child protection order, and the parents present their views on the matter. Parents are encouraged to access legal advice and representation during court processes. The presiding judge hears the evidence and determines if the child is in need of protection and if the outcome (i.e., type of court order, amount of access...etc.) is appropriate to the facts of the case.

The *Child and Family Services Act* allows for a number of different types of court orders to ensure the children's safety and well-being. Taking all of the factors relating to the child's best interest into consideration, the Child Protection Worker on behalf of the Director of Child and Family Services can request that the court order the child returned to the parents or caregivers under the supervision of the Director (a *supervision order*); order the child to remain in the interim custody of the Director (an *interim custody order*); order the child to remain in the temporary custody of the Director for a period of up to two years (a *temporary custody order*); or, order the child to remain in the permanent custody of the Director until the age of 16 years (a *permanent custody order*).

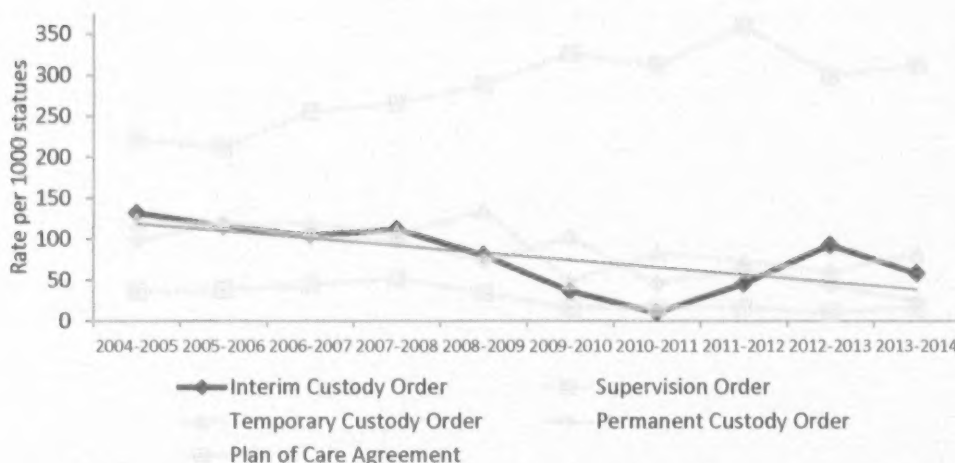
Figures 14 and 15 present the rates for supervision and interim custody orders.

Figure 14
Supervision Orders



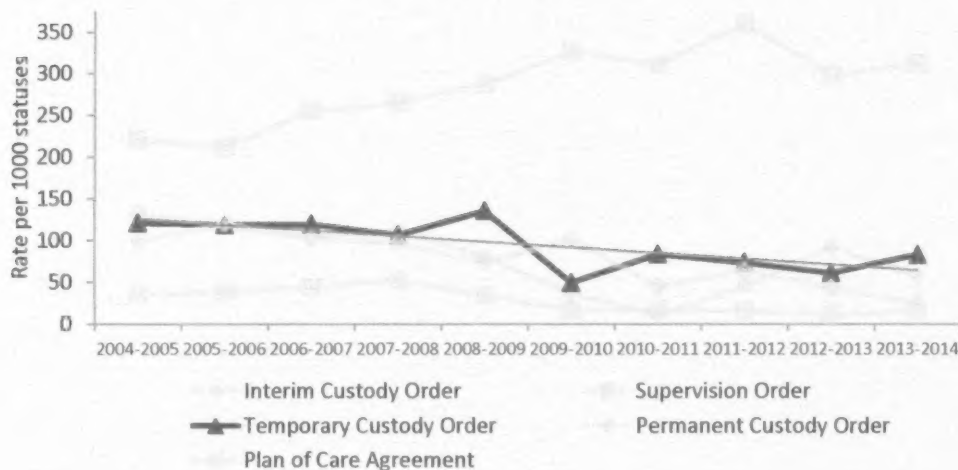
As can be seen in Figure 14, there was no significant change in the rate of supervision orders over the past ten fiscal years. On average there were 52 supervision orders issued each year.

Figure 15
Interim Custody Orders



As can be seen in Figure 15, the rate of interim custody orders showed a decreasing trend over the past ten fiscal years. Interim custody orders are usually made when there is a need to adjourn the court proceedings temporarily, as can happen for instance when the parents need more time to consult with their lawyer. On average there were 147 interim custody orders issued each year. Figures 16 (below) and 17 (next page) present the rates for temporary and permanent custody orders.

Figure 16
Temporary Custody Orders



As can be seen in Figure 16, the rate of temporary custody orders showed a decreasing trend. On average there were 179 temporary custody orders issued each year.

Figure 17
Permanent Custody Orders

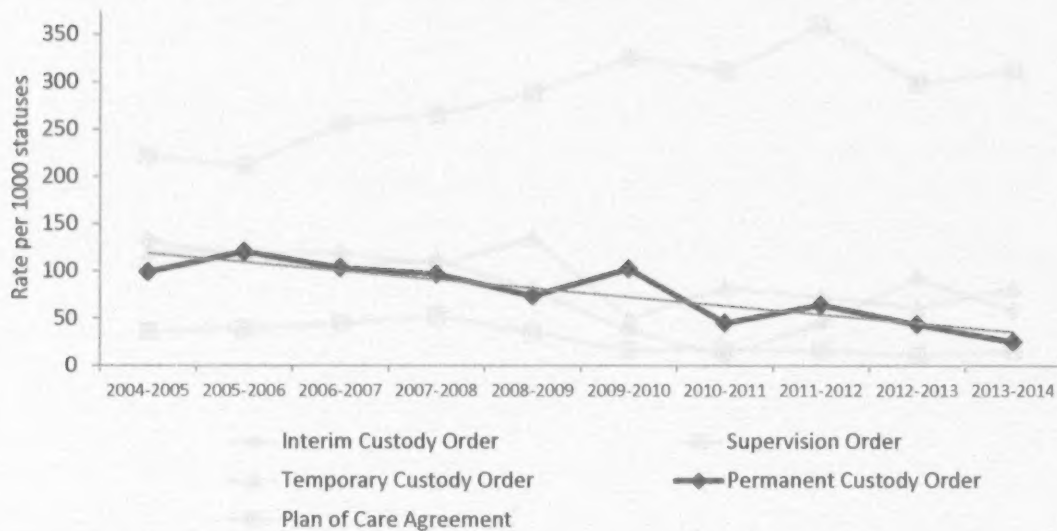


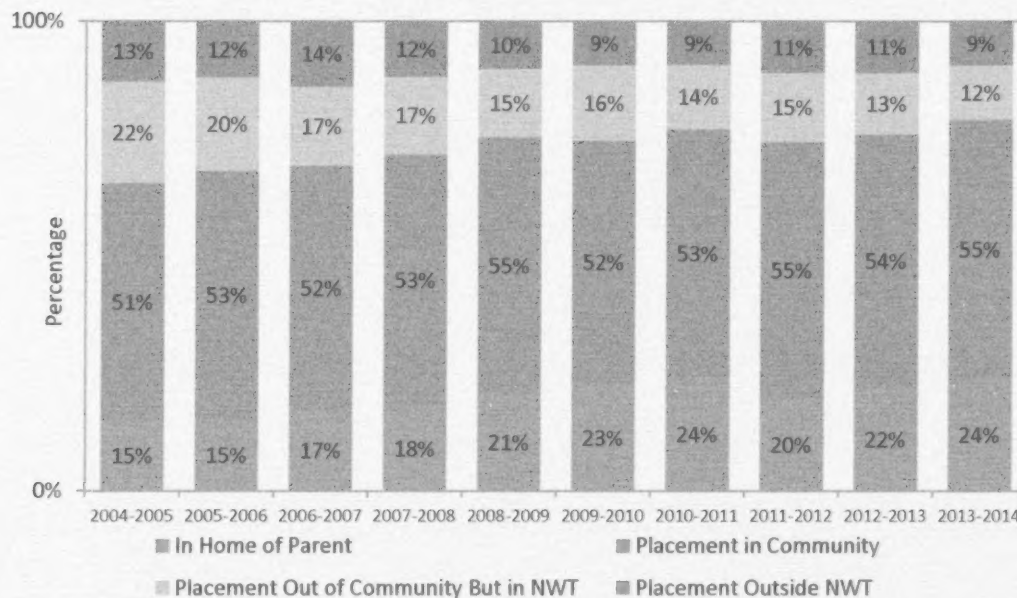
Figure 17 shows a decreasing trend in the rate of permanent custody orders over the last ten fiscal years. On average there were 166 permanent custody orders issued each year.

Permanent custody orders remain in place until the child has reached the age of 16, and may be extended to age 18 if the child consents or if so ordered by a court. Permanent custody orders may be rescinded by a court if the parent's circumstances change significantly or if the youth makes application to the court with a viable plan in place for themselves. Information on the rates of children in care under a permanent custody order can be found under section 10, Children in Permanent Care and Custody on page 27.

9. PLACEMENT OF CHILDREN RECEIVING SERVICES

Children may require services outside of their parental home for a variety of reasons including voluntary placement in care due to a temporary emergency or non-voluntarily because of an apprehension. When a child receives services outside of the parental home, the first placement option is the extended family or community members who are known to the child. Additionally, it is important for the child to reside within their home community, whenever possible. Children who remain in their local community have reduced disruption to their lives as their social activities, friends, extended family, and cultural activities and traditions, are less likely to change. In addition to keeping their community supports, these children can be serviced by Child Protection Workers who are familiar with the community. Figure 18 shows the distribution of children receiving services by placement location.

Figure 18
Distribution of Placement Locations for Children Receiving Services



As can be seen in Figure 18, in 2013-2014, 79% of services were provided in the child's home community (24% in parental home, and 55% out of parental home but within their home community). Another 12% of services were provided to children outside of their home community but within the NWT, and 9% received services outside of the NWT. On average 73% of child and family services were provided in the child's home community between April 1st 2004 and March 31st 2014. Since the majority of children stayed in their home community, there were increased opportunities for Child Protection Workers to work on intervention and prevention strategies with children and families.

PLACEMENT RESOURCES

FOSTER HOMES

The Northwest Territories provide three types of foster homes: Extended Family, Provisional and Regular. All foster homes must be approved in accordance with the standards and procedures laid out in the *NWT Child and Family Services Standards and Procedures Manual*. The foster care program provides alternative living arrangements for children who cannot live with their custodial parents. Recognizing the importance of cultural and family identity to children and youth, the *Standards and Procedures Manual* mandates Child Protection Workers to look to extended family and provisional foster homes as a primary placement resource.

Extended family and provisional foster homes care for specific children or youth. To qualify as such the foster home in question must be either an extended family member or be a community member previously known to the family. These homes are approved strictly for a specific child and cease to be active when the child leaves. In order for a provisional or extended foster family to become a regular foster home, the family would need to go through a second approval process and attend further training as might be required.

Regular foster homes provide care to any child or youth who requires that placement service when family and any provisional foster care arrangements have been exhausted. Although there are no official 'specialized' foster homes in the NWT, there have been several regular foster homes that provide special services for children with significant medical and behavioural conditions. A total of 2,273 children were placed in regular foster homes between April 1st 2004 and March 31st 2014. As of March 31, 2014, there were 118 active regular foster homes in the NWT, providing care to 205 children.

GROUP HOMES

A group home refers to a home in which children and youth in the care of the Director of Child and Family Services reside until more permanent placements are identified. Children/youth live in a home-like setting with either a set of house parents or a rotating staff of trained caregivers providing non-specialized or specialized therapeutic services to no more than eight children/youth. Group homes are typically contracted services arranged between a Health and Social Service Authority and a contractor providing the service.

There are three established group homes that operate in the NWT:

Polar Group Home (Fort Smith)

The Polar Group Home provides family-modeled residential care services in a group home setting for children in care of the Director of Child and Family Services. This home can accommodate up to six children at a time. It is open for 24 hours throughout the week. All referrals to the group home are made by social services.

Inuvik Youth Group Home (Inuvik)

The Inuvik Youth Group Home program is to help youth develop skills to be successful in transitioning out of care into either a supportive family/community placement or independent living. The group home is a home setting with a variety of programs such as living life skills, cooking, household chores, laundry and independent living skills. The home's six beds are open to youth (age 13-18) who may live in the home long term. One bed is held for emergency placements in the home for up to 14 days or until a suitable placement is found.

The Rycon Foster Family Shelter Home (Yellowknife)

The Rycon Foster Family Shelter Home is a parented foster group home that meets the needs of six to eight children between the ages of 0-12 years old. The intent of the program is to provide a longer term stable home/family environment for children to limit the amount of transitions in and out of placements. While the children served are not deemed high needs children, they are often children that are harder to place in other foster homes. Children stay at the Rycon home until they are adopted, provided with a long term foster option, or placed back with family or extended family where possible.

A total of 238 children were placed in group homes between April 1st 2004 and March 31st 2014. As of March 31, 2014 there were 13 children residing in a group home.

NORTHERN SPECIALIZED TREATMENT RESOURCE

The NWT has two residential treatment resources (Territorial Treatment Centre in Yellowknife and Trailcross in Fort Smith) which specialize in providing services for children or youth with moderate to severe behavioural, emotional, psychological or psychiatric issues. These specialized resources operate to meet the needs of children and youth receiving services under the *NWT Child and Family Services Act*. Both resources

are operated under a contract between a southern service provider and the Health and Social Services Authority in that region. They both offer programs for the treatment, education, care, recreational and developmental needs of children and youth.

TERRITORIAL TREATMENT CENTRE (YELLOWKNIFE)

The Territorial Treatment Centre is an eight-bed residential treatment program providing diagnostic and treatment services for children and youth between the ages of 8-12 years, who are experiencing social, emotional, and/or behavioural difficulties. The services offered are available to children and youth of all communities in the NWT.

TRAILCROSS (FORT SMITH)

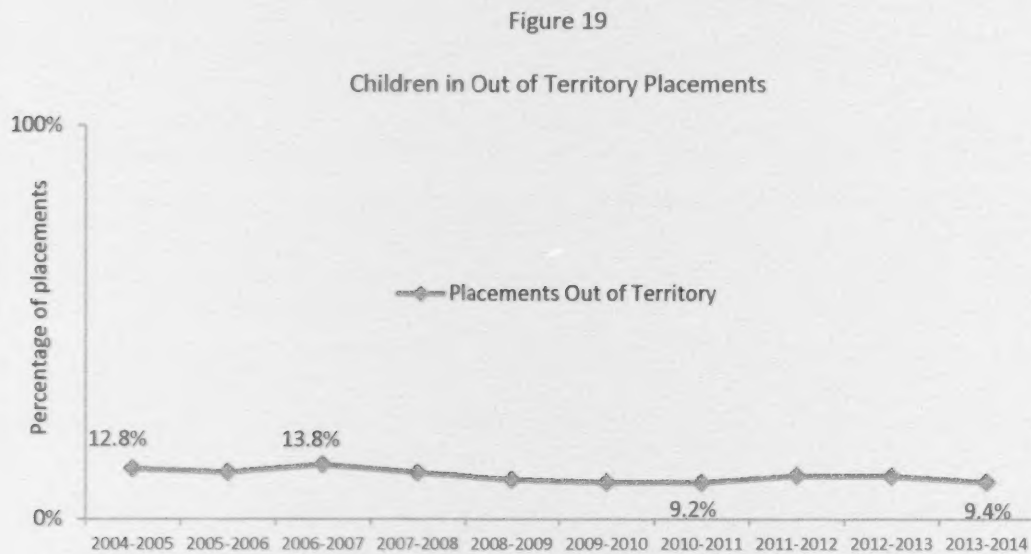
Trailcross is a specialized nine-bed residential treatment program for children and youth 12-18 years of age experiencing social, emotional and/or behavioural needs. The services offered are available to children and youth of all communities in the NWT.

A total of 163 children were placed in northern specialized treatment resources between 2004 and 2014. As of March 31, 2014 there were 11 children residing in the two resources.

SOUTHERN SPECIALIZED PLACEMENT RESOURCES

Southern placements are residential treatment facilities and other program resources such as private homes and group homes, which provide children and youth with specialized services that are not available in the NWT. The number of NWT children in southern specialized placement resources fluctuates throughout the year. The length of stay depends on the individual needs of the children and youth and the regional health and social services authority's capacity to meet the child's or youth's needs in his/her home community once the treatment program is complete.

Figure 19 shows out of territory placements as a percentage of all child placements.



As can be seen in Figure 19, 9.4% of placements were outside of the Northwest Territories in the 2013-2014 fiscal year.

10. CHILDREN IN PERMANENT CARE AND CUSTODY

The care and custody of a child can be permanently transferred to the Director of Child and Family Services by a court order. Permanent care and custody remains until the child attains the age of 16, and may be extended to the child's 19th birthday with consent of the youth or by court order. Permanent custody orders may be rescinded by a court if the parent's circumstances change significantly.

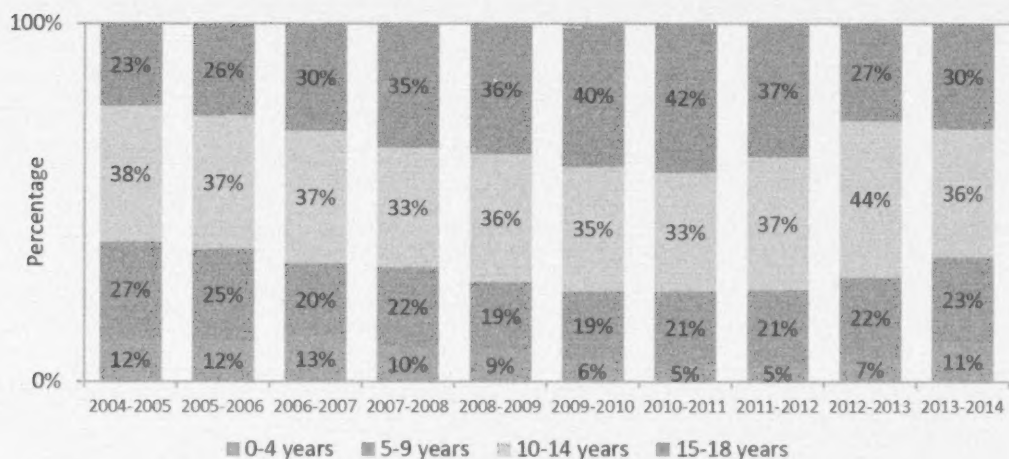
There was a significant decrease in the number of children with permanent custody orders over the period between April 1st 2004 to March 31st 2014. During the 2013-2014 fiscal year, there were 132 children in the permanent care and custody of the Director.

Table 4 and Figure 20 show the age distribution of children with permanent custody orders.

Table 4
Children in Permanent Custody by Age Group

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
0-4	29	30	33	26	23	15	10	8	10	15
5-9	63	65	53	59	48	48	43	36	33	31
10-14	89	95	96	89	91	86	69	64	64	47
15-18	54	66	78	92	93	99	87	64	40	39
Total	235	256	260	266	255	248	209	172	147	132

Figure 20
Distribution of Children in Permanent Custody by Age Group



As can be seen in Figure 20, the age distribution of children in permanent custody shows that the majority of children in permanent custody (66%) were ten years of age or older, with 30% of all children in custody in 2013-2014 over the age of 14 years. In the same year, 23% of children in permanent custody were five to nine years old, and 11% of children in permanent custody were under five years of age.

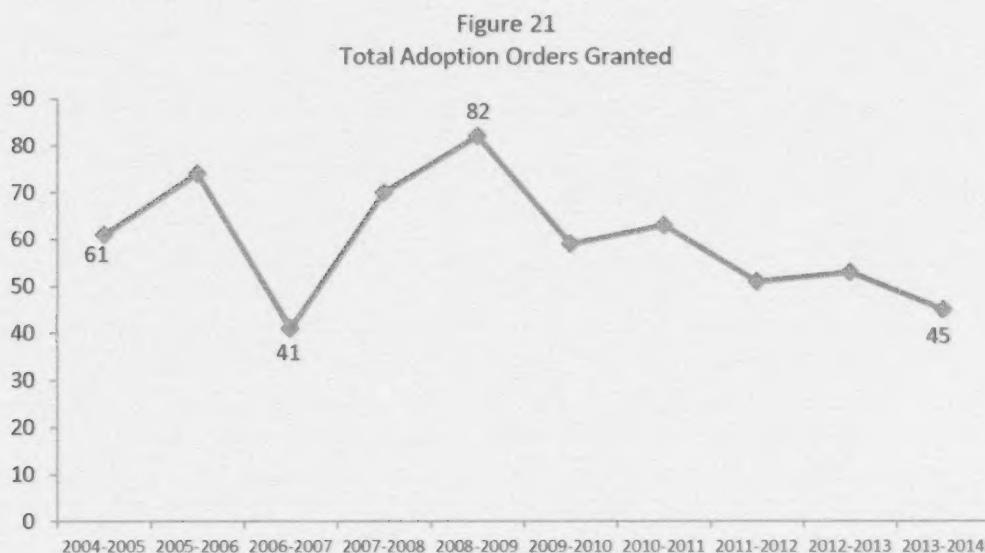
11. ADOPTION

Adoption is the process through which children become full and permanent legal members of another family. Decisions concerning the adoption of children are made in the best interest of the child and always in recognition of various cultural values and practices that must be respected. There are five different types of adoptions in the NWT: departmental; private; step-parent; inter-country; and Aboriginal custom adoption. The *Adoption Act* governs the departmental, inter-country, private and step-parent adoption. The *Aboriginal Custom Adoption Recognition Act* governs custom adoption.

The Department of Health and Social Services provides statutory child protection and adoption training to NWT social workers. The Adoptions unit is responsible for the coordination and management of registries including a registry of children available for adoption, approved adoptive families, and completed adoptions.

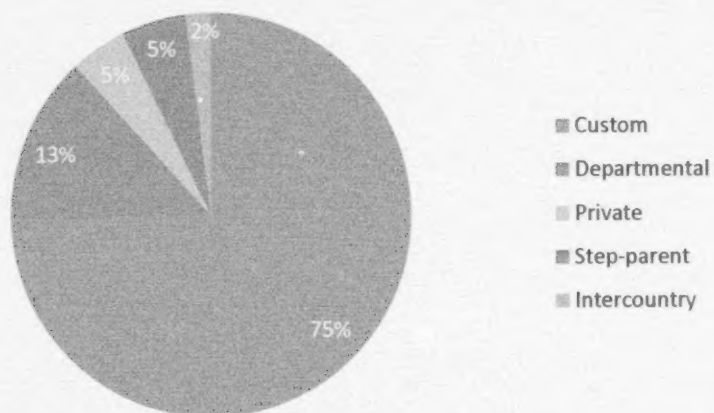
The *Child and Family Services Act* has provisions for parents to surrender their children for the purposes of adoption. Between 2004 and 2014 there were six children surrendered for the purposes of adoption. All six children have been adopted.

In total, 595 children were adopted between 2004 and 2014, ranging from 41 to 82 annually, with an average of 60 adoptions each year. The annual distribution of adoptions is presented in Figure 21.



Of the 595 adoptions that took place between 2004 and 2014, 75% (445) were custom adoptions, followed by 13% departmental (80), 5% step-parent (31), 5% private (27) and 2% inter-country (12), as can be seen in Figure 22.

Figure 22
Number of Adoptions by Adoption Type



12. SUMMARY OF FINDINGS

This report covers a period of ten fiscal years and as such presents a sufficient amount of data to support a discussion of trends. Overall, the total number of children receiving services under the Act remained relatively stable, with a total of approximately 1,000 children receiving services every year. Prior to 2008-2009 the majority of children who had a child and family services status were receiving court-ordered services; from 2008-2009 onwards the majority of children were receiving services by agreement.

The number of reports of suspected child maltreatment remained relatively constant at just over 2,000 per year, but the actual number of investigations resulting from those reports showed an increasing trend. The number of investigations leading to an apprehension of the child or children was stable. Parental alcohol and drug abuse remained the top reason for children being in need of protection. Domestic violence was the second most common reason for reporting suspected maltreatment.

The rate at which plan of care agreements were entered into showed an increasing trend, as did the rates of voluntary and support service agreements.

The rates of court-ordered interim custody orders showed a decreasing trend. Temporary custody orders and permanent custody orders also showed a declining trend.

The proportion of children receiving services in the family home showed an increasing trend. The proportion of children receiving services in their home community (but not in the family home) remained stable. The proportion of children placed outside the NWT (in southern placements) showed a decreasing trend.

13. MAJOR DEVELOPMENTS AND FUTURE DIRECTIONS

In the 2013-2014 fiscal year there were some major undertakings in the efforts to make improvements to the Child and Family Services system as a result of the 2010 Standing Committee on Social Programs Report of the Review of the *Child and Family Services Act* and in anticipation of the preliminary findings of the audit of Child and Family Services by the Auditor General of Canada.

The Department has responded positively to many of the recommendations made by the Standing Committee on Social Programs and by March 31, 2014 the following was accomplished:

- 1) There were fifteen Healthy Family Programs operating across the Northwest Territories. Also, existing Healthy Family Coordinators and Home Visitors were provided with the opportunity to become certified Trainers in the Healthy Family Program curriculum.
- 2) The Department shared public information materials on a variety of topics from voluntary services to understanding the adversarial system when dealing with child protection matters. Mediation services became increasingly available to families who wished to settle child protection concerns out of the formal court setting.
- 3) The establishment of Child and Family Services Committees continued to be a challenge. However, the Department of Health and Social Services and Health and Social Services Authority staff provide information, educate and encourage leadership to become involved in the Child and Family Services system.
- 4) Drafting amendments to the *Child and Family Services Act* were well underway. Subject to final analysis of financial requirements, the legislative amendments are expected to be implemented by 2017. The draft amendments include the following:
 - Defining 'youth' as a person from the age of 16 to the age of majority (19);
 - Allowing the Director of Child and Family Services to apply to the court for a declaration that a youth needs protection;
 - Extending the services offered under support services agreements, including housing supports;
 - Extending support services to youth who were in the permanent care of the Director of Child and Family Services before they reached the age of majority, until they reach the age of 23 years;

- Requiring the Director of Child and Family Services to develop a written transition case plan for youth leaving the permanent custody of the Director;
 - Allowing for additional and optional roles for Child and Family Services Committees;
 - Requiring the Director of Child and Family Services to advise a child, youth, and parents of their right to be represented by legal counsel;
 - Requiring a Child Protection Worker to notify a child's Aboriginal organization of an apprehension hearing, if the child is Aboriginal ;
 - Requiring the Legislative Assembly, or a committee designated or established by the Legislative Assembly, to review the provisions and delivery of the *Act* every five years;
 - Adding prostitution and prostitution-related activities under the provisions stating the circumstances for a child needing protection;
 - Amending the *Act* to remove the word 'repeatedly' from the provisions addressing the circumstances of a child needing protection during the exposure to domestic violence, s.7(3)(j) and s.7(3)(k); and
 - Establishing time limits for temporary care based on the child's age.
- 5) The Child and Family Services Standards and Procedures Manual (CFS Manual) continued to be revised to reflect the Standing Committee's recommendations.
- 6) Significant progress was made in 2013-14 in developing an action plan for mental health and addictions, revising the early childhood development framework, implementing family violence prevention activities and in the creation of an anti-poverty action plan. Each of these initiatives will help to address and alleviate root causes of child maltreatment.

In addition to the Standing Committee's recommendations of child and family services reform, the Department of Health and Social Services has taken initiative on a number of other critical system areas including program administration and management, risk management and quality assurance and service delivery and child protection practice including the following:

In June 2013, the Department of Health and Social Services initiated a review of all children and youth in the Permanent custody of the Director. By the end of 2014, 156 child and youth files will have been reviewed and each child and youth file will be up to date and accurate. As a result of this review, there has been a significant increase in the number of adoptions for the NWT. Presently, more referrals for children for adoption are being received. It is anticipated that the rate of Departmental adoptions will double from six in 2013-14 to fourteen in 2014-15.

Funding in the amount of \$3.5 million was approved in the 2014-15 capital planning process to replace the electronic Child and Family Services Information System (CFIS). The Department of Health and Social Services is currently in the process of contracting project management services that will oversee the research, development, training, implementation and evaluation of a new electronic child and family services system. The 'new' system is intended to support Child Protection Workers and Adoption Workers to effectively perform their statutory duties and enhance the safety and quality of care for children and families receiving services under the *Child and Family Services and Adoption Acts*.

In December 2013, a formal review of the foster care rates was initiated with the intention of adjusting to reflect the current cost of living. The last foster care rate review was conducted in 2006. While the current per diems paid to foster parents was a large focus of the foster care rate review, the clothing allowance, vacation allowances, child care/respite care and the amount paid in support services agreements for youth 16-18 years were also re-evaluated to ensure the rates are competitive and adequately cover the costs of providing child support and maintenance to children and youth in these areas.

During fiscal 2013-14, the Department of Health and Social Services increased the contribution agreement funding to the Foster Family Coalition of the Northwest Territories (FFC-NWT). The FFC-NWT has been actively supporting foster families across the NWT since 2002. The agency provides support services to both foster and adoptive families through consultation, advocacy and providing ongoing information about fostering and adopting. They also provide regional networking/outreach to foster families in NWT communities to provide on-site support for permanency planning, adoption planning or as support in the event of a foster home investigation. The FFC-NWT, in partnership with the Department of Health and Social Services, provides Parenting Resources for Information, Development

and Training (P.R.I.D.E.) modules to new and existing foster and adoptive parents. The P.R.I.D.E. training provides relevant information for the foster/adoption experience and has assisted the department in ongoing foster/adoptive parent recruitment within the NWT.

The Manitoba government's inquiry report into the death of five year old Phoenix Sinclair was released in January 2014. The inquiry examined how the province's child welfare system failed the five-year-old girl before she was murdered by her mother and stepfather in 2005. This inquiry is expected to lead to better risk assessment procedures throughout the child welfare system in Canada.

In October 2013, the Office of the Auditor General of Canada (OAG) undertook an audit of the Northwest Territories Child and Family Services Program, delivered under the *Child and Family Services Act*. The audit sampled 46 child protection files and 36 foster family files, drawn from the period April 2010 to September 2013, and selected from three of the seven Regional Health and Social Services Authorities.

The Auditor General found weaknesses in both the administration of child and family services by the Department, and in the delivery of child and family services by the Regional Health and Social Services Authorities. The Auditor General presented his report, with 11 recommendations, to the Legislative Assembly in March, 2014. The Department has accepted all 11 recommendations, which range from changes in the accountability structure, better performance reporting and enhanced prevention programming.

Moving forward there will be a need for more focussed efforts toward integrated case management across the government departments, community agencies and non-government organizations who work to serve those affected by socio-economic disparities.

Also, there is much evidence emerging in support of dealing with child neglect differently than with child abuse. The latter form of maltreatment often requires removing the child, temporarily, from parental care in order to ensure immediate safety. However, in cases of neglect, children are less likely to be in immediate danger, although the long term risks are detrimental and significant. Changing the approach to child protection by removing neglected children from their homes less often and by providing in-

home supports to their parents more often, is the recommended direction for the future. While not entirely without risks, this new approach would stand to benefit many children, and their parents and communities. Moving in this direction will require significant changes in child protection practices, which will need to be supported by additional resources, training and supervision.

As always, the key challenge for all stakeholders with an interest in the wellbeing of children will be the capacity and ability to work collectively in the best interest of each and every child in the NWT.

APPENDIX 1

Conditions under which a child is considered to be in need of protection, as specified in the *Child and Family Services Act*.

7(3) A child needs protection where:

- (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's inability to care and provide for or supervise and protect the child adequately;
- (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's inability to care and provide for or supervise and protect the child adequately;
- (c) the child has been sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child;
- (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child;
- (e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;
- (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph;(e) and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm;
- (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;
- (h) the child has been subject to a pattern of neglect that has resulted in physical or emotional harm to the child;
- (i) the child has been subject to a pattern of neglect and there is a substantial risk the pattern of neglect will result in physical or emotional harm to the child;
- (j) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent of the child and the child's parent fails or refuses to obtain services, treatment or healing processes to remedy or alleviate the harm;

- (k) the child has been exposed to repeated domestic violence by or towards a parent of the child and there is a substantial risk that the exposure will result in physical or emotional harm to the child and the child's parent fails or refuses to obtain services, treatment or healing processes to prevent the harm;
- (l) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;
- (m) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm;
- (n) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of the treatment;
- (o) the child suffers from malnutrition of a degree that, if not immediately remedied, could seriously impair the child's growth or development or result in permanent injury or death;
- (p) the child has been abandoned by the child's parent without the child's parent having made adequate provision for the child's care or custody and the child's extended family has not made adequate provision for the child's care or custody;
- (q) the child's parents have died without making adequate provision for the child's care or custody and the child's extended family has not made adequate provision;
- (r) the child's parent is unavailable or unable or unwilling to properly care for the child and the child's extended family has not made adequate provision for the child's care or custody; or
- (s) the child is less than 12 years of age and has killed or seriously injured another person or has persisted in injuring others or causing damage to the property of others, and services, treatment or healing processes are necessary to prevent a recurrence, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, the services, treatment or healing processes.

GLOSSARY: DEFINITIONS

DEFINITIONS CHILD AND FAMILY SERVICES STATUS TYPES:

1 APPREHENSION

Apprehension occurs when a child has been removed from the care of the person with lawful custody or from the person having care of the child at the time of the apprehension. A community Child Protection Worker, a peace officer or a person authorized by the Director under Section 55(1) of the *Child and Family Services Act* can apprehend a child when he or she believes the child to be "in need of protection."

2 APPREHENSION LESS THAN 72 HOURS

After an apprehension, a child can be returned to parental care without the matter going to court when the protection issue is resolved in less than 72 hours.

3 INTERIM COURT ORDER

An Interim Court Order is issued by a judge when there is a delay in the court proceedings to another specified court date. This order will state with whom the child will reside until the time of the next court date.

4 SUPERVISION ORDER

A Supervision Order is a court order under Section 28(1)(b)(ii) of the *Child and Family Services Act*, which directs a Child Protection Worker to supervise the home of a child according to the terms and conditions of the Order. The Order may be for a period of up to one year.

5 TEMPORARY CUSTODY ORDER

Custody of a child is temporarily transferred by Court Order to the Director of Child and Family Services. The Temporary Custody Order may be extended to the age of 18; however, under Section 47(3) "the court may not make an order that would result in the child being in the temporary custody of the Director for a continuous period exceeding 24 months".

6 PERMANENT CUSTODY ORDER

A Permanent Custody Order permanently transfers the custody of a child to the Director of Child and Family Services until the child attains the age of 16. The Director has all of the rights and responsibilities of a parent under Section 48 of the *Child and Family Services Act*. The Permanent Custody Order may be extended to the age of majority if the youth is in agreement.

7 PLAN OF CARE AGREEMENT

A Plan of Care Agreement is a written agreement made between the person(s) with lawful custody of the child and the Plan of Care Committee. The agreement outlines a case plan for the child and family. The children may reside in their own home or elsewhere. The maximum term of a Plan of Care Agreement (including extensions) is two years. The Plan of Care Agreement is for children considered to be in need of protection as defined in the *Child and Family Services Act*.

8 VOLUNTARY SUPPORT SERVICES AND AGREEMENTS

There are two types of Voluntary Support Services and Agreements:

Voluntary Support Agreement (VSA): under Section 5(1) of the *Child and Family Services Act*, "the Director may enter into a written agreement with a person who has lawful custody of a child to provide services or to assist others in providing services, or to assist that person's family in obtaining services, to support and assist that person's family to care for the child." The children may reside in their own home or elsewhere. The initial term of a VSA is for six months, with provision for additional six-month renewals until the child reaches the age of 16.

Support Services Agreement (SSA): under Section 6(1) of the *Child and Family Services Act*, "the Director may enter into a written agreement with a person who has attained the age of 16 years but has not attained the age of majority and cannot reside with his or her parents to provide services or to assist others in providing services, to support and assist that person to care for himself or herself." SSA's can be made for six months and can be renewed up until the age of majority.

DEFINITIONS OF CHILD AND FAMILY SERVICES PLACEMENT TYPES:

1 EXTENDED FAMILY/PROVISIONAL FOSTER HOME

An Extended Family Foster Home cares for specific children and youth who are members of their family. A Provisional foster parent(s) is a family friend or community member previously known to the child, youth and/or parents. These homes are opened for a specific children and youth and are closed when the children or youth are no longer in care of the Director or requires services under the *Child and Family Services Act*. These homes are offered training and on-going support through the regional health and social services authorities.

2 REGULAR FOSTER HOME

Regular Foster Homes are homes which accept and provide care for children and youth who need family care while receiving services through the *Child and Family Services Act* or while under the care of the Director of Child and Family Services. To qualify as a regular foster home the family must undergo an extensive application and approval process as set out in the standards, regulations and policies of the Department. These homes are opened for children of varying ages, backgrounds and needs. These homes operate with ongoing training, evaluation and monitoring through the regional health and social services authorities. They are closed when the family decides to discontinue providing foster care or because there is a serious breach of the legislation, standards, regulations and policies for the operation of a foster home.

4 NORTHERN SPECIALIZED TREATMENT RESOURCES

A northern specialized treatment resource is operated by a contracted service provider to meet the needs of children and youth from the NWT who are receiving services under the *Child and Family Services Act*. These programs provide for the treatment, education, care, and recreational and developmental needs of children and youth. There are two residential treatment resources in the NWT: The Territorial Treatment Centre in Yellowknife and Trailcross in Fort Smith.

5 SOUTHERN SPECIALIZED PLACEMENT RESOURCES

A southern specialized placement resource is a residential treatment facility or private home or group home, operated by a contracted service provider to meet the needs of children and youth from the NWT

who are receiving services under the *Child and Family Services Act*. These programs provide for the treatment, education, care, and recreational and developmental needs of children and youth.

6 PARENTAL HOME

A parental home is the home of the child's legal guardian or where they routinely reside with an adult who has the authority to provide for them.